

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE	
\$	\$				

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-labile employer.

SAMPLE
IMPORTANT

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UCB- 1038
5-98

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SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB- 1038

FORWARDING SERVICE REQUESTED